

STATE BOARD OF HEALTH

Register

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 139
Registered No. 69

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe No. _____ St. _____ Ward _____
City Globe (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Candino mesa

3. Sex of Child Male To be answered ONLY in event of plural births. 1 4. Twin, triplet or other. 1 6. Legitimate? yes 7. Date of birth March 10, 1927
Month Day Year

8. FATHER
Full name Juan mesa
9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation miner
Nature of industry

14. MOTHER
Full maiden name Maria Jesus Rodriguez
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
16. Color or race Mex
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Mexico
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother six
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living five
(b) Born alive but now dead none
(c) Stillborn none
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:05 P.M. on the date above stated
(Born alive or stillborn.)
Signature T. C. Harper
physician (Physician or midwife).

Given name added from a supplemental report. _____
Month, day, year
Address Globe, Arizona
Filed 3-31-27 H. H. Horst
Registrar

341-310-1199

In case of more than one child at a birth, file SEPARATE REPORT in order of birth stated.